

Provider Type 28**Provider Documentation Requirements****Hospitals**

Specialty	Sub-Specialty	Enroll Type	Certification	License	Rate Letter	Rider A	Other Agency	Comments
001 General Inpatient		FAO	CLIA	Facility	X			
004 General Outpatient		FAO	CLIA	Facility	X			
006 Physician		FAO		Facility	X			
	414 Prosthetics/Orthotics Services							
	416 MR Waiver Services							
009 Dentist		FAO		Facility	X			
010 Pharmacy		FAO		Facility	X			
023 Swing Beds		FAO		Facility	X			
029 Ambulance		FAO		Facility	X			
103 Distinct Part Unit		FAO		Facility	X			
	313 Psych Unit							
	314 Skilled Nursing Unit							